CONSENT TO RECEIVE SERVICES

Confidentiality.
Gender Health Center (GHC) is an integrated healthcare organization that embraces a holistic understanding of health and wellness. Many of our community members seek services simultaneously from counselors, social workers, and medical providers at GHC. In order to provide you with an integrated care experience, your provider may share only information relevant to your care with other care providers whom you see at GHC. Otherwise, all communications made at GHC in counseling, advocacy and medical clinic sessions, as well as between GHC providers will be held in strict confidence, unless you provide written permission to release information about your treatment. If you participate in relationship or family counseling, GHC will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release.

There are exceptions to confidentiality. Counselors, social workers and medical providers are required to report instances of suspected child or elder abuse. Providers are also required to break confidentiality when they have determined that a community member presents a serious danger of physical violence to another person or when a community member is dangerous to oneself. In addition, a federal law known as The Patriot Act of 2001 requires in certain circumstances that GHC provides FBI agents with requested items and prohibits GHC from disclosing to you that the FBI sought or obtained the items.

Minors and Confidentiality.
Parents and legal guardians (including the State if you are a ward of their care) have the legal right to be apprised of the details of their minor (under the age of 18) child’s treatment. Guardians who provide authorization for their child’s treatment are encouraged to be involved in their treatment. At the same time, treatment with a minor often progresses best with a good-faith agreement to confidentiality between the guardian(s) and their child so that the minor can develop a strong alliance with their provider. Consequently, your provider may discuss the treatment progress of a minor client with their guardian, but preferably not details that would decrease trust between the minor and service provider. Minor community members and their guardians are urged to discuss any questions or concerns that about this topic with the mental health director.

I ___________________________ acknowledge that I have received, read and understand the my rights, and consent to receive services. My rights apply to all services received at Gender Health Center.

Gender Health Center as a Training Agency:
Gender Health Center utilizes associates and students from a variety of schools and backgrounds to perform the majority of the counseling at GHC. The counselors specific background and status will be discussed in your first session with your counselor. All interns at GHC are under the direct supervision of Dr. David Nylund, license # LCSW 14463.
As a training agency, Gender Health Center and our counselors will periodically request your permission to allow a third party counselor sit in on a session in order to help learn and acclimate to Gender Health Center’s unique and specific culture as a therapeutic agency. This is largely in order to help our new oncoming counselors to better understand our services and method(s) of service provision before beginning to see community members themselves.

If you so choose, you may at this point provide a signature indicating your comfort with these new counselors shadowing your appointments – this consent can be revoked at any time, or for any particular session(s).

**(OPTIONAL):** I, __________________________, acknowledge and agree to allow the presence of third party counselors in my session(s) for training purposes, and that this will be solely for the use of the incoming counselors education about Gender Health Center, and that all of my confidentiality rights as outlined above will remain intact.

Grievances:
If your counselor is licensed or pre-licensed, the Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

If your counselor is a student intern, the Gender Health Center receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services at the Gender Health Center. To file a complaint, contact Ryan Kim Tiêu via email (ryan@ghcmail.org) or phone (916-248-4988).

Miscellany:
I understand that the practice of psychotherapy is not an exact science and so predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have made to me regarding the results of treatment or procedures provided by myself or Gender Health Center.

I understand that I may terminate my treatment at any time without consequence but that I will be responsible for the agreed upon payment of the services I have received.

I DO HEREBY SEEK AND CONSENT TO PARTICIPATION IN TREATMENT. I certify with my signature below that I have read, had explained to me where necessary, fully understand, and agree with the contents of this Consent to Receive Services.

Client______________________________ Date_________

Client______________________________ Date_________

Client______________________________ Date_________

Parent/Guardian______________________ Date_______